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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/050,284
		Filing Date	January 16, 2002
		First Named Inventor	John H. Thomas
		Art Unit	2645
		Examiner Name	Simon P. Sing
Total Number of Pages In This Submission	18	Attorney Docket Number	7320-223

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (USPTO Credit Card Payment Form) <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavita/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="text" value=" "/>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="text" value=" "/>	
			<input type="checkbox"/> Drawings
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition
			<input type="checkbox"/> Petition to Convert to a Provisional Application
			<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
			<input type="checkbox"/> Terminal Disclaimer
			<input type="checkbox"/> Request for Refund
			<input type="checkbox"/> CD, Number of CD(s) <input type="text" value=" "/>
			<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Status Letter			
<input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="text" value=" "/>			

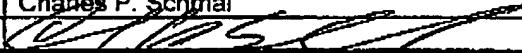
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Charles P. Schmal, Reg. No. 45,082 Woodard, Emhardt, Moriarty, McNeff & Henry LLP
Signature	
Date	November 8, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 872-9306 on the date indicated below:

Typed or printed name	Charles P. Schmal
Signature	
Date	November 8, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL FOR FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27
Total Amount of Payment (\$ 215.00)

Complete if Known	
Application Number	10/050,284
Filing Date	January 16, 2002
First Named Inventor	John H. Thomas
Group Art Unit	2845
Examiner Name	Simon P. Sing
Attorney Docket Number	7320-223

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
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 Deposit Account:

Deposit Account Number 23-3030
Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Entity Fee	Fee Description	Fee Paid
1001	2001	395	Utility Filing Fee	
1002	2002	175	Design Filing Fee	
1003	2003	275	Plant Filing Fee	
1004	2004	395	Reissue Filing Fee	
1005	2005	80	Provisional Filing Fee	
SUBTOTAL (1) (\$ 0.00)				

2. EXTRA CLAIM FEES

Total Claims	31	-40** =	0	Extra Claims	Fee From Below	Fee Paid
Independent Claims	4	-5** =	0	X		
Multiple Dependent						

(Four new claims to make a total of 23)

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	Fee
1202	18	2202 9 Claims in excess of 20
1201	88	2201 44 Independent claims in excess of 3
1203	300	2203 150 Multiple dependent claim, if not paid
1204	88	2204 44 **Reissue independent claims over original patent
1205	18	2205 8 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0.00)		

*or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES	Fee Description	Fee Paid
Large Entity	Small Entity	
Fee Code (\$)	Fee Code (\$)	Fee
1051	130	2051 65
1052	50	2052 25
1053	130	1053 130
1812	2,520	1812 2,520
1804	920*	1804 920*
1805	1,840*	1805 1,840*
1251	110	2251 55
1252	430	2252 215
1253	980	2253 490
1254	1,530	2254 765
1255	2,080	2255 1,040
1401	340	2401 170
1402	340	2402 170
1403	300	2403 150
1451	1,510	1451 1,510
1452	110	2452 55
1453	1,370	2453 685
1501	1,370	2501 685
1502	490	2502 245
1503	660	2803 330
1480	130	1480 130
1807	50	1807 60
1808	180	1808 180
8021	40	8021 40
1809	790	2809 395
1810	790	2810 395
1801	790	2801 395
1802	900	1802 900
Other Fee (specify)		
* Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 215.00)

Complete (if applicable)

SUBMITTED BY:			
Name (Print/Type):	Charles P. Schmal	Registration No.:	45,082
Signature:		Telephone:	(317) 634-3468

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Name (Print/Type)	Charles P. Schmal	Date	November 8, 2004
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